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Responses to Questions for the Record

House Energy and Commerce Subcommittee on
Oversight and Investigations

“What is the Federal Government Doing to Combat the Opioid Abuse Epidemic?”

May 1, 2015

I. Additional Questions for the Record

The Honorable Michael C. Burgess

- 1. While technology has the potential to solve many problems in healthcare, we are hearing similar complaints about PDMPs as we do with EHRs. Some doctors suggest that PDMPs interrupt clinical workflow. The Health IT Policy Committee sought public comment on whether EHR certification could enable and support streamlined access to PDMPs. Because PDMPs are a critical tool for patient care and clinical decision making, ONC suggested in their September 2013 report to Congress that they would explore a PDMP requirement in certification of EHRs. Can anyone speak to further discussion regarding including PDMPs as a requirement for certification of EHRs?**

Answer: I refer you to the response provided on behalf of the Department by Assistant Secretary Frank.

The Honorable Jan Schakowsky

- 1. A concern of mine is that women who have recently given birth, who have opioid dependence and have pregnancy coverage through Medicaid, will lose that coverage 6 weeks postpartum. This means that they may lose their access to their physician prescribed buprenorphine or methadone soon after giving birth, when stability is needed most.**

How can CMS ensure that these new mothers do not lose access to their maintenance medications shortly after giving birth?

Answer: The Centers for Medicare & Medicaid Services (CMS) remains committed to making sure women have access to needed medications. CMS, in coordination with CDC, SAMSHA, and NIH, issued an informational bulletin on Medication Assisted Treatment (MAT) for Substance Use Disorders in the Medicaid program. This

informational bulletin provides background information about MAT, examples of state-based initiatives, and useful resources for states to help ensure proper delivery of these services.

A life change such as having a baby qualifies a woman for a special enrollment period for coverage in the Health Insurance Marketplaces. The special enrollment period enables an eligible woman who recently gave birth to enroll in health insurance and receive tax subsidies outside of the annual open enrollment period if she qualifies.

In states that have expanded Medicaid coverage as outlined in the Affordable Care Act, many individuals, including new mothers, have increased access to coverage. Expanding Medicaid is a good deal for states financially. The Federal Government will cover 100 percent of the cost of covering people made newly eligible for Medicaid for the first three years (2014-2016). The Federal Government will cover no less than 90 percent on a permanent basis. This is the most generous matching rate applied to any coverage group in the history of the program.

II. Member Requests for the Record

The Honorable David McKinley

1. What one thing would you recommend that we could do to try to start reversing this epidemic and this problem?

Answer: We are pleased that this Subcommittee is interested in finding ways that the Congress can have a positive impact on tackling this important issue.

The causes of the current opioid use disorder epidemic and related overdose deaths in the United States are complex and include an amalgam of medical, social, and economic factors. The consequences are also far reaching, affecting the health, social, and economic welfare of individuals with opioid addiction, as well as their families and the larger community.

Unfortunately, the consensus among experts is that there is no single approach or initiative that will solve this complicated problem. Furthermore, no single organization or entity can address this problem alone; a coordinated, multifaceted response involving the Federal Government, state governments, public health officials, medical and other health partners, and community organizations is required.

Addressing this crisis is a top priority for HHS and to do so, the Department has developed an aggressive, multi-pronged initiative that focuses on three priority areas, grounded in the best research and clinical science available, to combat opioid abuse. By leveraging the distinct strengths of the HHS agencies, HHS's three-part plan aims to:

- Improve opioid prescribing practices to address the over-prescribing of opioids;
- Expand the use of naloxone, used to treat opioid overdoses, to help reduce the number of deaths associated with opioid overdose; and

- Expand the use of Medication-assisted Treatment (MAT), a comprehensive treatment model that combines the use of medication with counseling and behavioral therapies to treat substance use disorders.

These priorities represent activities and interventions where evidence suggests that HHS has the greatest opportunity for measureable impact.

CMS is committed to ensuring that all Medicare and Medicaid beneficiaries are receiving the medicines they need while also reducing and preventing prescription drug abuse. For example, the FY 2016 President's Budget¹ includes a proposal to prevent prescription drug abuse in Medicare Part D that would give the Secretary of HHS the authority to establish a program that would require that high-risk Medicare beneficiaries only utilize certain prescribers and/or pharmacies to obtain controlled substance prescriptions, similar to many State Medicaid programs. The Medicare program would be required to ensure that beneficiaries retain reasonable access to services of adequate quality. Currently, CMS requires Part D sponsors to conduct drug utilization reviews, which assess the prescriptions filled by a particular enrollee. These efforts can identify overutilization that results from inappropriate or even illegal activity by an enrollee, prescriber, or pharmacy. However, CMS' statutory authority to take preventive measures in response to this information is limited. We urge the Congress to pass this proposal to provide CMS with this additional authority.

Addressing the opioid abuse epidemic is a critical issue for HHS, the Administration, and the Nation as a whole, and we know we cannot solve it alone. We look forward to continuing to partner with the Congress, the states, and other stakeholders to continue to make progress on this vital issue and prevent further morbidity and mortality from opioid related overdoses.

¹ Fiscal Year 2016 Budget in Brief, <http://www.hhs.gov/budget/fy2016-hhs-budget-in-brief/hhs-fy2016budget-in-brief-overview.html>